

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 763312 RECEIPT DATE: 02 / 20 / 01
IA NUMBER: PCT / 5E99 / 01354 IA FILING DATE: 08 / 09 / 99
FAMILY NAME: ENGVALL DELAY WAIVED (Y/N): Y
GIVEN NAME: DANIEL DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 08 / 19 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: P/2432-38 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2123820700
FAX
NAME: OSTROLENK FABER GERB & SOFFEN
STREET: 1180 AVENUE OF THE AMERICAS
CITY: NEW YORK
STATE/COUNTRY: NY ZIP: 100368403
EMAIL:
APPLICATION TITLES:
TRANSPORTABLE APPARATUS FOR TREATING MENIERS DISEASE

TAB TO LAST POSITION, PUSH SEND